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Epidemiol 1999 Feb;9(2):114-20

lated cigarette smoking and lung-cancer risk.

ter CL, Jarvik ME, Morgenstern H, McCarthy WJ, London SJ

ment of Preventive Medicine, USC School of Medicine, Norris Comprehensive
Center, Los Angeles, CA 90033, USA.

E: Menthol smoking may lead to a greater increase in lung-cancer risk than
g of nonmentholated cigarettes. Mentholation of cigarettes adds additional
ogenic components to cigarette smoke and increases retention times for
tte smoke in the lungs. Only two epidemiologic studies have been conducted
thol smoking and lung cancer, and their results are conflicting. Of note,
n American males have much higher rates of lung cancer than Caucasian
despite smoking fewer cigarettes per day. Because the consumption of
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g non-mentholated cigarettes. Our data do not support the hypothesis that
creased risk of lung cancer among African Americans is due to the
sed prevalence of menthol smoking.

10037555, UI: 99155159

w, tutorial

9337294, UI: 97477231

ev Med 1997 Jul-Aug;26(4):451-6

t of filter cigarette smoking on lung cancer histology.

man SD, Muscat JE, Hoffmann D, Wynder EL

ion of Epidemiology, American Health Foundation, New York, New York 10017,

ROUND: The rates of lung adenocarcinoma cancer have risen more rapidly than ates of lung squamous cell cancer over the past 2 decades. METHODS: A control study was carried out to assess the impact of long-term filter ette smoking on the risk of squamous cell carcinoma (SCC) and carcinoma (AC) of the lung. RESULTS: Odds ratios for SCC among subjects who moked only filter cigarettes were reduced relative to lifetime nonfilter ette smokers by 30% for men and by 60% for women, but no risk reduction was ved for AC of the lung. CONCLUSION: The predominance of AC over SCC may be n part to the fact that smokers of very low yield cigarettes tend to nsate for the lower nicotine levels by inhaling more deeply and frequently, ng to greater exposure of the peripheral lung to the carcinogens in tobacco , and in part to the increased concentration of nitrosamines that rentially produce AC in laboratory animals.

9245665, UI: 97394846

st J Med 1997 Mar;166(3):189-94

an-American smokers and cancers of the lung and of the upper respiratory igestive tracts. Is menthol part of the puzzle?

rdson TL

tment of Internal Medicine, University of Colorado Health Sciences Center, , USA.

revalence of cigarette smoking is higher among African Americans than among s. African Americans have higher rates of lung cancer than whites, although

smoke fewer cigarettes. To explore this black-white difference in lung
r rates, I examine various aspects of tobacco use in African-American
rs, including the age of initiation of smoking, quantity of cigarettes
d, quit rates, level of nicotine dependence, biochemical differences, and
preferences, specifically menthol brand cigarettes. I also review briefly
equelae of patterns of tobacco use, including rates of lung and other
co-related cancers. A preference for mentholated cigarettes by African
cans is well documented and is one of the most striking differences between
an-American and white smokers. Menthol brand preference has been
tigated in an attempt to explain the black-white differences in rates of
rs of the lungs and the upper respiratory and digestive tracts. Also,
es have evaluated smoking behavior both with and without menthol and have
citly examined the question of whether menthol use helps explain the
-white difference in lung cancer rates. The results of these studies are so
nconclusive with regard to the use of menthol and the risk of lung cancer
oping. I provide practical suggestions for clinicians in counseling
an-American smokers to quit smoking and to maintain a nonsmoking status.

cation Types:
W
w literature

9143194, UI: 97288211

ncer Causes Control 1997 Jan;8(1):13-24

ry and tobacco risk factors for adult onset glioma in the San Francisco Bay

, Wrensch M, Miike R

ument of Epidemiology and Biostatistics, University of California, San
isco 94143-0560, USA.

oles of diet and tobacco in the etiology of primary brain cancer are
oversial. In this report, we compare dietary and cigarette smoking
ries among 434 adults newly diagnosed with glioma in the San Francisco Bay
(California, USA) between 1991 and 1994 with frequency age, gender, and
city-matched population-based controls. Data were obtained on use of
in supplements and mean weekly consumption of each of 24 food groups.
ted for age, family income, and education, for both men and women, cases
igher mean weekly consumption of cured meats and other cured foods, lower
mption of high vitamin A and C fruits and vegetables, and higher average

>th men and women, but there has been a much sharper incidence among females
: the mid-1970s. An examination of age-specific incidence rates by birth
:t and the results from age-period-cohort modeling indicate that incidences
l three major histologic types of lung cancer in the recent birth cohorts
:r have started decreasing (squamous cell carcinoma) or shown a clear
:tion in the rate of increase (adenocarcinoma and small cell carcinoma).
study, however, did not indicate an increase of bronchoalveolar lung
noma, which was reported by other clinically based studies. CONCLUSION.
: the overall age-adjusted incidence rates showed different incidence
:rns for different histologic types of lung cancer, a decreasing or
lized rate for all three major histologic types of lung cancer was observed
:cent birth cohorts in both males and females. The observed incidence
:rn is consistent with smoking trends over time including changes in smoking
:lence and the consumption of low tar and filter cigarettes. It is expected
if the current trend in tobacco smoking continues and if there are no major
:es in other risk factors for lung cancer, a forthcoming stabilization or
:ase in the rate of lung cancer incidence for all major histologic types
uding adenocarcinoma) in both sexes in Connecticut could be anticipated.

8062189, UI: 94340504

:ancer Epidemiol Biomarkers Prev 1992 Jan-Feb;1(2):103-7

.c differences in the lung cancer risk associated with smoking.

:rchand L, Wilkens LR, Kolonel LN

:r Research Center of Hawaii, University of Hawaii, Honolulu 96813.

lity trends and ecological data strongly suggest that the lung cancer risk
:iated with smoking is greater among Hawaiians than among the other ethnic
:s in Hawaii. The authors combined data from two consecutive
ation-based case-control studies to formally test this hypothesis among 740
and 1616 controls. A multiple logistic regression analysis adjusting for
years of smoking, occupation, education, and age revealed that Hawaiian,
:ino, and Caucasian male smokers were at 121%, 53%, and 46% greater risk for
cancer than Japanese male smokers. These risk differences were
:stically significant, were consistent across sexes and histological types,
:ere not explained by the type of cigarettes, the level of inhalation, or by
:sterol or beta-carotene intake. Additionally, an increased lung cancer risk
ated to smoking was observed among Chinese women. The possibility that
dietary antioxidants and/or genetic risk factors are responsible for these
c differences needs to be investigated.

: 1306091, UI: 93306146

Stat Bull Metrop Insur Co 1991 Apr-Jun;72(2):2-5

oaches for reducing cancer mortality in minorities.

ivan LW

e is an urgent need to reduce cancer mortality among black Americans and
r minorities. Although much progress has been made, cancer statistics are
as positive for these groups and the medically-underserved populations.
ing Americans to change their behavior patterns--particularly with regard to
rette smoking--is vitally important. In this regard, physicians and other
th care professionals, as well as public and government officials, must
k out. Early detection of risk factors is also critical. Government has an
gation to make Americans aware of how to reduce adverse health indicators
of making individuals responsible for their own life as well as for the
s of their family members.

: 2063259, UI: 91289227

Am J Public Health 1988 Aug;78(8):986-7

hol cigarettes and esophageal cancer.

rt JR, Kabat GC

ication Types:
or

: 3389443, UI: 88267364

Cancer 1988 Jul 1;62(1):6-14

or tobacco smoke pollution. A major risk factor for both breast and lung
er?

on AW

ronmental hazards is an unusually early age at onset of disease. Animal
ies have shown age effects of this type with co-carcinogens. A clearcut
ple of a downward age shift in humans is provided by a study of the
umption of alcoholic beverages and cigarettes in women with oral concer,
g data on 145 white females with intraoral cancer, and 1973 non-neoplastic
rols from patients seen at Roswell Park Memorial Institute between 1957 and
, it can be shown that exposure to both alcohol and tobacco can lead to
t of oral cancer 15 or more years earlier than would occur in women who do
use either alcohol or tobacco. Exposure to smoking only produces a smaller
shift, but exposure to alcohol only does not produce any clear shift in age
nset. Implications for co-carcinogenesis and for early detection of
arcinogens in the environment are suggested.

: 1012647, UI: 77101275

Natl Cancer Inst Monogr 1968 Jun;28:35-40

ct of filter cigarettes on the risk of lung cancer.

s ID

: 5671411, UI: 68393359

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